

# INSTRUCTIONS

## VERIFIED PETITION FOR NAME CHANGE FOR A MINOR - NO CONSENT OF OTHER PARENT OR GUARDIAN

STATE OF INDIANA )  
COUNTY OF PRINT THE NAME OF THE  
COUNTY WHERE YOU ARE  
FILING THESE PAPERS ) SS: IN THE PRINT THE NAME OF THE  
COUNTY WHERE YOU ARE  
FILING THESE PAPERS CIRCUIT COURT  
CASE NO. LEAVE BLANK, THE CLERK WILL FILL IN

IN RE CHANGE OF )  
NAME OF MINOR: )  
PRINT THE CURRENT FULL NAME OF THE MINOR )  
PRINT YOUR CURRENT FULL NAME. YOU ARE THE )  
PETITIONER IN THIS CHANGE OF NAME CASE. )  
Petitioner. )

### APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE

**This Appearance Form must be filed on behalf of every party in a civil case.**

1. My Name is: PRINT YOUR FULL NAME and I am

Initiating (filing) X;  
Responding (answering or defending) \_\_\_\_\_; or  
Intervening \_\_\_\_\_;

in this case on behalf of a minor.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner)*

Address: PRINT YOUR FULL MAILING ADDRESS,  
TOWN, STATE AND ZIP CODE  
Email Address: PRINT YOUR EMAIL ADDRESS  
Phone: PRINT YOUR PHONE NUMBER  
FAX: PRINT YOUR FAX NUMBER

OR, if in the related case, you have used the Attorney General Confidential address, you may check the box below:

IF YOU USE A  
CONFIDENTIAL  
ADDRESS  
THROUGH THE  
OFFICE OF THE  
ATTORNEY  
GENERAL,  
CHECK HERE

☐ \_\_\_\_\_ Attorney General confidential address (contact the Attorney General at 1-800-321-1907 or e-mail address is **confidential@atg.state.in.us**).

3. This is a LEAVE BLANK case type as defined in administrative Rule 8(B)(3).  
*(Clerk will supply this information.)*

4. I will accept service by FAX at the following number IF YOU HAVE A FAX NUMBER WHERE YOU WANT  
TO RECEIVE COURT PAPERS, PRINT IT HERE

# INSTRUCTIONS

## VERIFIED PETITION FOR NAME CHANGE FOR A MINOR - NO CONSENT OF OTHER PARENT OR GUARDIAN

5. This case is a domestic relations matter, involves reciprocal enforcement of support, paternity, delinquency, Child in Need of Services (CHINS), guardianship, or any other proceedings in which support may be an issue, and social security numbers of all family members are supplied on a separately attached document (Form TCM-TR3.1-4) filed as confidential information on light green paper.

\_\_\_\_\_ Yes        X   No

6. There are related cases: Yes \_\_\_\_\_ No   X   *(If yes, please indicate below.)*

Caption and case number of related cases:

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

7. Additional information required by local rule:

IF NECESSARY, PRINT ADDITIONAL INFORMATION REQUIRED BY YOUR COUNTY'S LOCAL RULES \_\_\_\_\_

SIGN YOUR NAME \_\_\_\_\_

Self-Represented Party

# INSTRUCTIONS

## VERIFIED PETITION FOR NAME CHANGE FOR A MINOR - NO CONSENT OF OTHER PARENT OR GUARDIAN

STATE OF INDIANA ) IN THE \_\_\_\_\_ CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_

IN RE CHANGE OF  
NAME OF MINOR: \_\_\_\_\_

FOR THE SECTION ABOVE THE DOTTED LINE, COPY THE  
INFORMATION HERE AS YOU FILLED IT OUT ON THE APPEARANCE.

Petitioner. \_\_\_\_\_

### VERIFIED PETITION FOR CHANGE OF NAME OF MINOR

Petitioner, \_\_\_\_\_ PRINT YOUR FULL NAME \_\_\_\_\_, pro se, respectfully petitions  
this court to change the name of the above-noted child. In support of this Petition, Petitioner states as  
follows:

1. Petitioner is the father/mother/guardian of the child whose name is sought to be changed.
2. The written consent of the non-petitioning parent or guardian for the name change of the  
minor child is not required under I.C. 31-19-9.
3. That the child's current name is: PRINT THE CURRENT FULL NAME OF THE MINOR
4. That the child's date of birth is: PRINT THE MINOR'S DATE OF BIRTH.
5. That the child's mailing address is: PRINT THE MINOR'S MAILING ADDRESS, TOWN, STATE AND  
ZIP CODE

And, if different, the child's residential address is:

IF THE MINOR'S MAILING ADDRESS IS DIFFERENT FROM THE MINOR'S STREET  
ADDRESS, ALSO PRINT THE STREET ADDRESS, TOWN, STATE AND ZIP CODE

6. That the child's Indiana driver's license number/Indiana identification card number is  
PRINT THE MINOR'S INDIANA DRIVER'S LICENSE  
NUMBER OR IDENTIFICATION CARD NUMBER; and I will bring the child's Indiana driver's license or  
identification card to the Change of Name Hearing for verification.

7. The following is a list of all of the previous names of the child:

PRINT ALL OF THE MINOR'S PREVIOUS NAMES

8. That the child (does) (does not) hold a valid United  
States passport. Proof that the child is a United States citizen is  
PRINT THE MINOR'S PROOF OF CITIZENSHIP will bring this document to the  
Change of Name Hearing for verification.

IF THE MINOR HAS A VALID U.S. PASSPORT, CIRCLE  
"DOES"; IF THE MINOR DOES NOT HAVE A VALID U.S.  
PASSPORT, CIRCLE "DOES NOT". PROOF IS A CERTIFIED  
BIRTH CERTIFICATE, CONSULAR REPORT OF BIRTH  
ABROAD OR CERTIFICATION OF BIRTH, NATURALIZATION  
CERTIFICATE, CERTIFICATE OF CITIZENSHIP, OR  
SECONDARY DOCUMENTS. FOR A LIST OF SECONDARY  
DOCUMENTS, VISIT [HTTP://TRAVEL.STATE.GOV/  
PASSPORT/GET/FIRST/FIRST\\_4315.HTML](http://travel.state.gov/passport/get/first/first_4315.html)

# INSTRUCTIONS

## VERIFIED PETITION FOR NAME CHANGE FOR A MINOR - NO CONSENT OF OTHER PARENT OR GUARDIAN

9. That the following judgments of criminal conviction of a felony under the laws of any state or the United States have been entered against the child, or I have stated immediately below that the child does not have any felony convictions:

PRINT THE JUDGMENTS OF FELONY CONVICTIONS UNDER THE LAWS OF ANY STATE OR THE UNITED STATES THAT HAVE BEEN ENTERED AGAINST MINOR OR PRINT "THE CHILD DOES NOT HAVE ANY FELONY CONVICTIONS." PLEASE SEE THE NOTE BELOW FOR MORE INFORMATION ON THIS PARAGRAPH.

10. That changing the child's name is not an effort to defraud any of the child's creditors.

11. That notice of the request for name change has been published in a local publication as required by law and will be brought to the Change of Name Hearing.

12. That the child is not confined to a Department of correction facility or a sex or violent offender who is required to register under I.C. 11-8-8.

13. That pursuant to Indiana Code 34-28-2-1, I petition this court to change the child's name. Pursuant to Indiana Code 34-28-2-2 (b), the reason the change of the child's name is requested is:

PRINT THE REASON YOU WANT TO CHANGE THE MINOR'S NAME

14. That I request that the child's name be changed to PRINT THE FULL NAME YOU WOULD LIKE THE MINOR'S NAME CHANGED TO

15. I request this Court to set a hearing to consider the Petition for Change of Name of Minor Child.

WHEREFORE, I respectfully request that this Court grant this Petition for Name Change of a Minor, and for all other just and proper relief. I affirm under the penalties of perjury that the foregoing representations are true.

### NOTE FOR QUESTION 9 ABOVE:

IF MINOR HAS HAD A FELONY CONVICTION WITHIN TEN (10) YEARS, YOU MUST PROVIDE NOTICE OF THE FILING OF THIS PETITION FOR NAME CHANGE TO: (1) THE SHERIFF OF THE COUNTY IN WHICH MINOR RESIDES; (2) THE PROSECUTING ATTORNEY OF THE COUNTY IN WHICH MINOR RESIDES; AND (3) THE INDIANA CENTRAL REPOSITORY FOR CRIMINAL HISTORY INFORMATION. THE NOTICE GIVEN TO THE INDIANA CENTRAL REPOSITORY FOR CRIMINAL HISTORY INFORMATION MUST INCLUDE MINOR'S FULL CURRENT NAME, REQUESTED NAME CHANGE, DATE OF BIRTH, ADDRESS, PHYSICAL DESCRIPTION, AND A FULL SET OF CLASSIFIABLE FINGERPRINTS. FAILURE TO PROVIDE NOTICE AT LEAST 30 DAYS PRIOR TO THE HEARING ON THIS PETITION IS A CLASS A MISDEMEANOR.

SIGN YOUR FULL NAME AND CIRCLE IF YOU ARE PARENT OR GUARDIAN

Signature (Parent) (Guardian)

PRINT YOUR CURRENT FULL NAME

(Parent) (Guardian) Printed Name

PRINT YOUR MAILING ADDRESS

Mailing Address

PRINT YOUR CITY, STATE AND ZIP CODE

Town, State and Zip Code

PRINT YOUR TELEPHONE NUMBER WITH AREA CODE

Telephone Number, with Area Code

### CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Petition by first class mail to the opposing party on

Signature (Parent) (Guardian)

# INSTRUCTIONS

## VERIFIED PETITION FOR NAME CHANGE FOR A MINOR - NO CONSENT OF OTHER PARENT OR GUARDIAN

STATE OF INDIANA ) IN THE \_\_\_\_\_ CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_  
  
IN RE CHANGE OF )  
NAME OF MINOR: )  
 )  
 )  
 ) FOR THE SECTION ABOVE THE DOTTED LINE, COPY THE  
 ) INFORMATION HERE AS YOU FILLED IT OUT ON THE APPEARANCE.  
Petitioner. )

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### AFFIDAVIT OF DILIGENT SEARCH

Petitioner, \_\_\_\_\_ PRINT YOUR FULL NAME \_\_\_\_\_, being first duly sworn upon his/her oath,  
deposes and states:

1. I am the Petitioner in the above-entitled action and have personal knowledge of the matters stated herein.
2. I am the father/mother/guardian of the Minor Child.
3. I am requesting to change the name of the Minor Child from  
PRINT THE CURRENT FULL NAME OF THE MINOR \_\_\_\_\_ to PRINT THE FULL NAME THE PETITIONER WANTS THE MINOR'S  
NAME CHANGED TO \_\_\_\_\_
4. The non-petitioning parent's name is \_\_\_\_\_ PRINT THE FULL NAME OF THE MINOR'S OTHER PARENT \_\_\_\_\_.
5. I am unaware of the whereabouts of the non-petitioning parent.
6. I have made a diligent search and cannot find the whereabouts of the non-petitioning parent.

WHEREFORE, I affirm under the penalties of perjury that the foregoing representations are true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGN YOUR FULL NAME  
Signature

\_\_\_\_\_  
PRINT YOUR FULL NAME  
Print Your Name

\_\_\_\_\_  
PRINT YOUR MAILING ADDRESS  
Mailing Address

\_\_\_\_\_  
PRINT YOUR CITY, STATE AND ZIP CODE  
Town, State and Zip Code

\_\_\_\_\_  
PRINT YOUR TELEPHONE NUMBER WITH AREA CODE  
Telephone Number, with Area Code

# INSTRUCTIONS

## VERIFIED PETITION FOR NAME CHANGE FOR A MINOR - NO CONSENT OF OTHER PARENT OR GUARDIAN

STATE OF INDIANA ) IN THE \_\_\_\_\_ CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_

IN RE CHANGE OF  
NAME OF MINOR:

)  
)  
) FOR THE SECTION ABOVE THE DOTTED LINE, COPY THE  
) INFORMATION HERE AS YOU FILLED IT OUT ON THE APPEARANCE.  
)

Petitioner. )

---

### NOTICE OF FILING PROOF OF PUBLICATION

Petitioner, \_\_\_\_\_, PRINT YOUR FULL NAME, pro se, states as follows:

1. I have given notice of the Petition for Change of Name of Minor Child, pursuant to Indiana Code 34-28-2-3.

2. Notice was given by three (3) weekly publications in a newspaper of general circulation published (in the county in which the petition is filed in court)(in the nearest adjacent county because no newspaper is published in the county in which the petition is filed). CIRCLE THE SENTENCE THAT EXPLAINS WHERE THE NEWSPAPER IS LOCATED.

3. The first notice was published not more than seven (7) days after the date the Petition to Change Name of Minor Child was filed.

4. The published notice included:

- A. The name of the petitioner.
- B. The name of the minor child whose name is to be changed.
- C. The new name desired.
- D. The name of the court in which the action is pending and cause number.
- E. The date on which the petition was filed.
- F. The date, time, and location of the hearing.
- G. A statement that any person has the right to appear at the hearing and to file objections.
- H. The name of the non-petitioning parent and a statement that his/her whereabouts are unknown.

5. I have attached a copy of the published notice herein as Exhibit A.

# INSTRUCTIONS

## VERIFIED PETITION FOR NAME CHANGE FOR A MINOR - NO CONSENT OF OTHER PARENT OR GUARDIAN

6. The attached notice has been verified by the affidavit of a disinterested person.
7. More than thirty (30) days have passed since the final required publication of notice.

WHEREFORE, I affirm under the penalties of perjury that the foregoing representations are true to the best of my knowledge and belief.

SIGN YOUR FULL NAME

Signature

PRINT YOUR FULL NAME

Print Your Name

PRINT YOUR MAILING ADDRESS

Mailing Address

PRINT YOUR CITY, STATE AND ZIP CODE

Town, State and Zip Code

PRINT YOUR TELEPHONE NUMBER WITH AREA CODE

Telephone Number, with Area Code

# INSTRUCTIONS

## VERIFIED PETITION FOR NAME CHANGE FOR A MINOR - NO CONSENT OF OTHER PARENT OR GUARDIAN

STATE OF INDIANA ) IN THE \_\_\_\_\_ CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_  
  
IN RE CHANGE OF )  
NAME OF MINOR: )  
 )  
 ) FOR THE SECTION ABOVE THE DOTTED LINE, COPY THE  
 ) INFORMATION HERE AS YOU FILLED IT OUT ON THE APPEARANCE.  
 )  
 )  
Petitioner. )

-----

### NOTICE OF HEARING

Notice is hereby given that Petitioner \_\_\_\_\_ PRINT YOUR FULL NAME \_\_\_\_\_, pro  
se, filed a Verified Petition for Change of Name of Minor to change the name of minor child from  
PRINT THE CURRENT FULL NAME OF THE MINOR \_\_\_\_\_ to PRINT THE FULL NAME YOU WOULD LIKE THE MINOR'S NAME.  
CHANGED TO \_\_\_\_\_

The petition is scheduled for hearing in the \_\_\_\_\_ PRINT THE NAME OF THE COUNTY WHERE  
YOU ARE FILING THESE PAPERS \_\_\_\_\_ Circuit Court on  
LEAVE BLANK \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_.m., which is more than thirty (30) days  
after the third notice of publication. Any person has the right to appear at the hearing and to file written  
objections on or before the hearing date. The parties shall report to \_\_\_\_\_ LEAVE BLANK \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clerk of \_\_\_\_\_ PRINT THE NAME OF THE  
COUNTY WHERE YOU ARE  
FILING THESE PAPERS \_\_\_\_\_ Circuit Court

Distribution:

PRINT YOUR FULL NAME \_\_\_\_\_  
Print Your Name

PRINT YOUR MAILING ADDRESS \_\_\_\_\_  
Mailing Address

PRINT YOUR CITY, STATE AND ZIP CODE \_\_\_\_\_  
Town, State and Zip Code

PRINT YOUR TELEPHONE NUMBER WITH AREA CODE \_\_\_\_\_  
Telephone Number, with Area Code



# INSTRUCTIONS

## VERIFIED PETITION FOR NAME CHANGE FOR A MINOR - NO CONSENT OF OTHER PARENT OR GUARDIAN

STATE OF INDIANA ) IN THE \_\_\_\_\_ CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_

IN RE CHANGE OF  
NAME OF MINOR:

)  
)  
) FOR THE SECTION ABOVE THE DOTTED LINE, COPY THE  
) INFORMATION HERE AS YOU FILLED IT OUT ON THE APPEARANCE.  
)  
)  
)

Petitioner.

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### **ORDER ON VERIFIED PETITION FOR CHANGE OF NAME OF MINOR**

Comes now the Court, having reviewed the Verified Petition for Change of Name of Minor and the Notice of Filing Proof of Publication, now finds as follows:

1. The Minor Child's current name is PRINT THE CURRENT FULL NAME OF THE MINOR.
2. The Minor Child resides at: PRINT THE MINOR'S RESIDENTIAL ADDRESS, TOWN, STATE AND ZIP CODE
3. The Minor Child's date of birth is PRINT THE MINOR'S DATE OF BIRTH.
4. The Minor Child has not been convicted of a felony within the last ten (10) years.
5. The Petitioner wishes to change the Minor Child's name to:  
PRINT THE FULL NAME THE PETITIONER WANTS THE MINOR'S NAME CHANGED TO
6. This Order is in accordance with the best interest of the Minor Child as guided by IC 31-17-2-8.

**WHEREFORE, IT IS ORDERED** that Petitioner's Petition for Change of Name of Minor is **GRANTED**, and Minor's name is hereby changed to PRINT THE FULL NAME THE PETITIONER WANTS THE MINOR'S NAME CHANGED TO.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge, Circuit Court

Distribution:

PRINT YOUR FULL NAME  
Print Your Name

PRINT YOUR MAILING ADDRESS  
Mailing Address

PRINT YOUR CITY, STATE AND ZIP CODE  
Town, State and Zip Code

PRINT YOUR TELEPHONE NUMBER WITH AREA CODE  
Telephone Number, with Area Code

STATE OF INDIANA ) IN THE \_\_\_\_\_ CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_  
  
IN RE CHANGE OF )  
NAME OF MINOR: )  
 )  
 )  
 )  
 )  
 )  
Petitioner. )

**APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE**

**This Appearance Form must be filed on behalf of every party in a civil case.**

1. My Name is: \_\_\_\_\_ and I am

Initiating (filing)  X ;  
Responding (answering or defending) \_\_\_\_\_; or  
Intervening \_\_\_\_\_;

in this case on behalf of a minor.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner)*

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

OR, if in the related case, you have used the Attorney General Confidential address, you may check the box below:

\_\_\_\_ Attorney General confidential address (contact the Attorney General at 1-800-321-1907 or e-mail address is **confidential@atg.state.in.us**).

3. This is a \_\_\_\_\_ case type as defined in administrative Rule 8(B)(3).  
*(Clerk will supply this information.)*

4. I will accept service by FAX at the following number \_\_\_\_\_

5. This case is a domestic relations matter, involves reciprocal enforcement of support, paternity, delinquency, Child in Need of Services (CHINS), guardianship, or any other proceedings in which support may be an issue, and social security numbers of all family members are supplied on a separately attached document (Form TCM-TR3.1-4) filed as confidential information on light green paper.

\_\_\_\_\_ Yes       X   No

6. There are related cases: Yes\_\_\_\_\_ No   X   *(If yes, please indicate below.)*

Caption and case number of related cases:

Caption:\_\_\_\_\_ Case Number: \_\_\_\_\_

Caption:\_\_\_\_\_ Case Number: \_\_\_\_\_

Caption:\_\_\_\_\_ Case Number: \_\_\_\_\_

Caption:\_\_\_\_\_ Case Number: \_\_\_\_\_

Caption:\_\_\_\_\_ Case Number: \_\_\_\_\_

Caption:\_\_\_\_\_ Case Number: \_\_\_\_\_

7. Additional information required by local rule:

\_\_\_\_\_

\_\_\_\_\_  
Self-Represented Party

STATE OF INDIANA ) IN THE \_\_\_\_\_ CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_  
  
IN RE CHANGE OF )  
NAME OF MINOR: )  
 )  
 )  
 )  
 )  
Petitioner. )

**VERIFIED PETITION FOR CHANGE OF NAME  
OF MINOR**

Petitioner, \_\_\_\_\_, pro se, respectfully petitions this court to change the name of the above-noted child. In support of this Petition, Petitioner states as follows:

1. Petitioner is the father/mother/guardian of the child whose name is sought to be changed.
2. The written consent of the non-petitioning parent or guardian for the name change of the minor child is not required under I.C. 31-19-9.
3. That the child's current name is: \_\_\_\_\_.
4. That the child's date of birth is: \_\_\_\_\_.
5. That the child's mailing address is: \_\_\_\_\_  
\_\_\_\_\_

And, if different, the child's residential address is:

\_\_\_\_\_  
\_\_\_\_\_

6. That the child's Indiana driver's license number/Indiana identification card number is \_\_\_\_\_; and I will bring the child's Indiana driver's license or identification card to the Change of Name Hearing for verification.

7. The following is a list of all of the previous names of the child:

\_\_\_\_\_.

8. That the child (does) (does not) hold a valid United States passport. Proof that the child is a United States citizen is \_\_\_\_\_. I will bring this document to the Change of Name Hearing for verification.

9. That the following judgments of criminal conviction of a felony under the laws of any state or the United States have been entered against the child, or I have stated immediately below that the child does not have any felony convictions:

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10. That changing the child's name is not an effort to defraud any of the child's creditors.

11. That notice of the request for name change has been published in a local publication as required by law and will be brought to the Change of Name Hearing.

12. That the child is not confined to a Department of correction facility or a sex or violent offender who is required to register under I.C. 11-8-8.

13. That pursuant to Indiana Code 34-28-2-1, I petition this court to change the child's name. Pursuant to Indiana Code 34-28-2-2 (b), the reason the change of the child's name is requested is:

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14. That I request that the child's name be changed to \_\_\_\_\_.

15. I request this Court to set a hearing to consider the Petition for Change of Name of Minor Child .

WHEREFORE, I respectfully request that this Court grant this Petition for Name Change of a Minor, and for all other just and proper relief. I affirm under the penalties of perjury that the foregoing representations are true.

\_\_\_\_\_  
Signature (Parent) (Guardian)

\_\_\_\_\_  
(Parent) (Guardian) Printed Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Town, State and Zip Code

\_\_\_\_\_  
Telephone Number, with Area Code

#### CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Petition by first class mail to the opposing party on

---

\_\_\_\_\_  
Signature (Parent) (Guardian)



STATE OF INDIANA ) IN THE \_\_\_\_\_ CIRCUIT COURT  
COUNTY OF \_\_\_\_\_ ) SS:  
IN RE CHANGE OF )  
NAME OF MINOR: )  
Petitioner. )

Petitioner, \_\_\_\_\_, pro se, states as follows:

2. Notice was given by three (3) weekly publications in a newspaper of general circulation published (in the county in which the petition is filed in court)(in the nearest adjacent county because no newspaper is published in the county in which the petition is filed).

4. The published notice included:

B. The name of the minor child whose name is to be changed.

D. The name of the court in which the action is pending and cause number.

F. The date, time, and location of the hearing.

H. The name of the non-petitioning parent and a statement that his/her whereabouts are unknown.

6. The attached notice has been verified by the affidavit of a disinterested person.
7. More than thirty (30) days have passed since the final required publication of notice.

WHEREFORE, I affirm under the penalties of perjury that the foregoing representations are true to the best of my knowledge and belief.

---

Signature

---

Print Your Name

---

Mailing Address

---

Town, State and Zip Code

---

Telephone Number, with Area Code



STATE OF INDIANA ) IN THE \_\_\_\_\_ CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_  
  
IN RE CHANGE OF )  
NAME OF MINOR: )  
 )  
 )  
 )  
 )  
Petitioner. )

**NOTICE OF HEARING**

Notice is hereby given that Petitioner \_\_\_\_\_, pro  
se, filed a Verified Petition for Change of Name of Minor to change the name of minor child from  
\_\_\_\_\_ to \_\_\_\_\_.

The petition is scheduled for hearing in the \_\_\_\_\_ Circuit Court on  
\_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_.m., which is more than thirty (30) days  
after the third notice of publication. Any person has the right to appear at the hearing and to file written  
objections on or before the hearing date. The parties shall report to \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clerk of

\_\_\_\_\_  
Circuit Court

Distribution:

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Town, State and Zip Code

\_\_\_\_\_  
Telephone Number, with Area Code

STATE OF INDIANA ) IN THE \_\_\_\_\_ CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_  
  
IN RE CHANGE OF )  
NAME OF MINOR: )  
 )  
 )  
 )  
 )  
Petitioner. )

**ORDER ON VERIFIED PETITION FOR CHANGE OF NAME OF MINOR**

Comes now the Court, having reviewed the Verified Petition for Change of Name of Minor and the Notice of Filing Proof of Publication, now finds as follows:

1. The Minor Child's current name is \_\_\_\_\_.
2. The Minor Child resides at: \_\_\_\_\_  
\_\_\_\_\_
3. The Minor Child's date of birth is \_\_\_\_\_.
4. The Minor Child has not been convicted of a felony within the last ten (10) years.
5. The Petitioner wishes to change the Minor Child's name to:  
\_\_\_\_\_.

6. This Order is in accordance with the best interest of the Minor Child as guided by IC 31-17-2-8.

**WHEREFORE, IT IS ORDERED** that Petitioner's Petition for Change of Name of Minor is **GRANTED**, and Minor's name is hereby changed to \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge, Circuit Court

Distribution:

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Town, State and Zip Code

\_\_\_\_\_  
Telephone Number, with Area Code